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Purpose

To provide the Department of Behavioral Health (DBH) a process for facilitating the provision of medically necessary Specialty Mental Health Services (SMHS) to foster youth and wards who are Medi-Cal beneficiaries and residing outside of their County of Jurisdiction (COJ) by authorizing, documenting, reimbursing and being reimbursed for services. Services provided to dependents and wards with the proper Foster Care Aide Code will be reimbursed in accordance with Title 9, CCR § 1830.220(b)(4)(A) and under the provisions of Assembly Bill (AB) 1299.

Authorization to Provide Outof-County Services In accordance with AB 1299, foster youth and wards who are placed out of their COJ will require authorization to transfer or start SMHS services in their County of Residence. The presumptive transfer of Medi-Cal Benefits process will be facilitated by Child and Youth Collaborative Services (CYCS). The presumptive transfer process ensures timely conversion of the responsibility for the provision of services, or arrangement and payment for SMHS from the COJ to the county of residence. Senate bill 785 forms will not be applicable in a presumptive transfer.

San Bernardino County Hosting Foster Children

CYCS will work closely with their out-of-county partner(s) to ensure proper processing of Presumptive Transfer referrals. The Presumptive Transfer process is initiated when a Notice of Presumptive Transfer (NOPT) of Medical is received.

The following table outlines the roles and responsibilities for all parties involved in the presumptive transfer process for minors entering the DBH system of care:

Roles	Responsibilities
CYCS	1. Receives the notice of presumptive transfer (NOPT)
	or notice of waiver (NOW) requests/referrals through
	one of the following points of entry/contact:
	 Email at DBH-AB1299@dbh.sbcounty.gov
	 Telephone at (909) 387-5316
	Fax at (909) 771-1127

San Bernardino County Hosting Foster Children, continued

Roles	Responsibilities
CYCS, continued	 Processes the notice of presumptive transfer or notice of waiver requests in order to provide appropriate and expedited assessments and recommendations for the referred child/youth. NOPT: Provides a copy and any additional information to the identified clinical program. Waivers from San Bernardino County Placing Agency: Provide a copy and any additional information to current Mental Health Plan (MHP) provider or facilitate access to an assessment. Waivers from another County: Review MyAvatar to identify any currently involved MHP providers Send email acknowledgment to COJ Placing Agency and include current providers, if any. AB1299 Urgent Referrals Urgent referrals received by AB1299 unit are assigned to a case manager; AB1299 case manager will review information provided on urgent/expedited referrals assigned; AB1299 case manager will contact client/caregiver/social worker/probation officer to complete screening to assess for reason for urgent/expediated referral within 48 hours of receipt of referral; Typical indicators of urgent need are High reports of behavioral or emotional issues on Pediatric Symptom Checklist 35 (PSC-35); Current danger to self or others; Individuals at risk for losing placement; Frequent placement changes due to behavioral problems or a recent hospitalization. Note: If a client has any indicators noted above, or any others that are not listed but urgent needs are evident, an AB1299 clinician will be assigned to the client.

San Bernardino County Hosting Foster Children, continued

Roles	Responsibilities
CYCS, continued	Note: When CYCS receives an urgent referral, the transfer procedure will be expedited to within 48-hours of placement of the foster child or youth outside of the county of original jurisdiction. Note: When the county of original jurisdiction has completed an assessment of needed services for a foster/probation child or youth, CYCS will accept that assessment.
DBH Service Provider	 Obtain a completed Authorization of Release of Protected Health Information (PHI) (COM001) in accordance with W & I Code § 5777.7 (b)(3)(B) to ensure that DBH may provide information regarding services to the child welfare agency in the COJ. Note: This authorization is not required to conduct the assessment and should not delay the provision of services. Conduct a clinical assessment (unless one has completed by the original county of jurisdiction, in such a case, this assessment will be used), complete all departmental documentation, and proceed with planning and providing services as appropriate. Complete all documentation within the timeline consistent with DBH documentation requirements. Communicate with the placing agency in a consistent manner, which may include participating in Child and Family Team Meetings and providing copies of medical records as appropriate.

Waiver Requests

The foster youth, the person or agency responsible for making mental health care decisions on behalf of the foster youth, the agency with responsibility for the care and placement of the foster youth, or the attorney for the foster child may request a waiver. Once a waiver request is made, the presumptive transfer is on hold pending the final decision by the placing agency or court. The placing agency must submit the waiver within seven (7) calendar days of the placing agency's determination of where the foster child will be placed out of the county.

The waiver request must include, at a minimum the following information:

- Name of the foster youth;
- Name and contact information of the requestor and their legal relationship to the foster youth, and
- A brief description of which exception(s) is/are believed to apply to waive the presumptive transfer.

Presumptive Transfer Waiver

A processed waiver based on an exception to presumptive transfer shall be contingent upon the COJ demonstrating at least one the following conditions:

- Determination the transfer would disrupt the continuity of care or delay access to services provided to the foster child;
- Determination the transfer would interfere with family reunification efforts documented in the individual care plan;
- The foster child's placement in a county other than the COJ is expected to last less than six months;
- The foster child's residence is within 30 minutes of travel time to his
 or her established specialty mental health care provider in the county
 of original jurisdiction;
- An existing contract with a Specialty Mental Health Services (SMHS) provider, or
- The ability to enter a contract with an SMHS provider within 30 days of the waiver decision and the ability to deliver timely SMHS directly to dependents and wards.

The placing agency is responsible for communicating the decision to waive presumptive transfer to all relevant parties.

Related Policies and Procedures

DBH Standard Practice Manual and Departmental Forms:

- Financial Interviewer Procedure (CHD0308)
- Services for Children Placed Out-of-County Policy (CHD0311)
- Services for Children Placed Out-of-County, Adoption Assistance Program (AAP) and Kinship Guardianship Assistance Payment (KinGAP) Procedure (CHD0311-2)

References

- DHCS Information Notice No. 17-032
- DHCS Information Notice No. 18-027
- Title 9, CCR § 1830.220(b)(4)(A)
- Assembly Bill 1299
- Welfare and Institution Code (WIC), § 14717.1
- WIC § 5585.50
- WIC § 11376
- WIC § 16125